	_≠ , PLĘ	ASE READ	ALL INSTF	RUCTIO	ONS BE	FORE (COMPLET	ING TI	HIS FORM	٧.	
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE TALLAHASSEE, FLORIDA OI JUN 19 PM 2: 45					
DOCUI	MENT #	K51190	-	_		समृही 📆	Thuk uku 1	•	. 1	•	
MIRO 1	PRECISION,	INC.							, .		
		,		120	1-126	e1G					
2. Principal C	Office Address	3. Mailing Offi		<u> </u>	2 2 2						
i '	W. MCNAB F	7546 W. MCNAB ROAD, #B-8				REIN	ATZI	TEME	NTC	3/0-0	
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.				_					
В-8		B-8				4. Date Inco	rporated or siness in Flo		12/14/	88 <u>. la</u>	
City & State		City & State				5. FEI Numb	per		_12/_14/_	Applied Fo	
NORTH LAUDERDALE FL			NORTH LAUDERDALE FL				65-00	96077		 i	Not Applicable
Zip Country USA			^{Zip} 33068		Country USA		6. CERTIFICAT	TE OF STATU	IS DESIRED 🗌		onal Fee required
			7. Na	me and Ad	idress of Curi	ent Registe	red Agent		men.	3	
-	Name										
	EDWARD J. MIRO Street Address (P.O. Box Number is Not Acceptable)										
•	Street Address (P.O. Box Number is Not Acceptable)								06/27/01-	01041	01
_	7546 W. MCNAB ROAD, #B-8 Suite, Apt. #, Etc.								***1500.0		
	B-8				-	- <u>-</u> -		State	Zip Code		
		AUDERDALE						FL	33068		
8. I, being an		ered agent of the abo	ve named corpora	tion, am fa	miliar with and	accept the c	bligations of sec	tion 607.050	05 or 617.0503, I	F.S.	
Signature of Registered Ag	gent M	wend X	Muro					Date	6-12-	01	
	·		GISTERED AGE							Market warners.	
9. Names ar	nd Street Addresse	es of Each Officer and	or Director (Flarie	da nonprofi	t corporations	must list at le	east 3 directors)				
Titles	Offic	Street Address of Each Officer and/or Director					City / State / Zip				
PVS 1	MIRO, EDWARD J.			7546 N	V. MCNAB	ROAD,	#B-8	NORT	H LAUDERI	DALE FL	33068
TD 1	MIRO, EDWA	RD J.		7546 N	V. MCNAB	ROAD,	#B−8	NORT	H LAUDERI	DALE FL	33068
		•									
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<u></u>	,							- 			
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	·		anglesser ensembles and service			Committee of the second	anna <mark>44 </mark> 1,27 + 1 + 1 + 1 1			- 15	
this reins	tatement application	or director or the recei on, the reason for diss we been paid and the	olution has been e	liminated, t	the corporate r	name satisfie:	the requirement	ts of section	607.0401 or 617	7.0401, F.S.,	that all fees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14 Jac 1 954-726-1633